

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101598,639

FILING DATE

9-7-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	0					
5	0					
6	0					
7	0					
8	0					
9	1					
10	0					
11	0					
12	0					
13	0					
14	0					
15	1					
16	1					
17	2					
18	0					
19	0					
20	0					
21	0					
22	0					
23	1					
24	1					
25	2					
26	0					
27	1					
28	0					
29	0					
30	1					
31	0					
32	0					
33	0					
34	0					
35	0					
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEF.	36	←		←		←
TOTAL CLAIMS	38	QR	QR	QR	QR	QR

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53					1	
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69					1	
70						
71						
72					1	
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90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓	21	↓
TOTAL DEF.	36	←		←	36	←
TOTAL CLAIMS	38	QR	QR	QR	38	QR